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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: C,W, Roberts Con	tracting, Incorporated	
DOCUMENT NUM	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Elizabeth Walker		
		Name of Contact Persor	1
	C.W. Roberts Contracting, Ir	ncorporated	
		Firm/ Company	
	3660 Hartsfield Road		
		Address	
	Tallahassee, FL 32303		
		City/ State and Zip Cod	<u>. </u>
	ewalker@cwrcontracting.cor	n	
	E-mail address; (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Elizabeth Walker		at (385-5060
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

C.W. Roberts Contracting, Incorporated

C.w. Roberts Contracting, incorporated	
(Name of Corporation as currently filed with the Florida Dept. of State)	
493846	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	nt(s) t
A. If amending name, enter the new name of the corporation:	
The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

. . .

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C - Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	\underline{SV}	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	VST	Matthew Steele		.
Add				
Remove				
2) Change	AS	Morgan Quirk	P.O. Box 16279	
X Add			Tallahassee, FL 32317	· ·
Remove 3) X Change	AS	Robert Delisle		_ ,
Add				
Remove			<u> </u>	: :
4) Change	-	_		, r\
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove			_	

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

	2/8/2024	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the a ficient for approval.	unendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amendm	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	;	
	(voting group)	
selected, appointe	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, of diduciary by that fiduciary) Robert P. Flowers	
-	(Typed or printed name of person signing)	· · ·
		:
i	President	

(Title of person signing)